

CHRISTOPHER WAYNE LESTER

8 OF 14



STYLE OF CASE: Michael W. Harris, et al.

VS.

Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Christopher Wayne Lester

FROM: St. Francis Hospital
(Patient Accounts)
333 Laidley Street
Charleston, WV 25301-1614
(304) 347-6500

DELIVER TO: Mr. Phillip J. Smith
VORYS, SATTER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
221 East Fourth Street
Cincinnati, OH 45202

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500688070-0001
THROUGH 500688070-0020.

THE MARKER-HOFF GROUP, INC

13105 NORTHWEST FREEWAY SUITE 300 HOUSTON TEXAS 77040 (T) 713 460 9070 (F) 713 460 6519 800 264 9070

WWW.MARKER-HOFF.COM

ADMIT THRU DISCHARGE CLAIM 03-10-2002 PAYOR APPROVED DATE NO. 0000-0000-0000-0000											
CHARLESTON HOSPITAL INC DBA SAINT FRANCIS HOSP PO BOX 402907 ATLANTA, GA 30384-2907											
3 PFT. FAX NO. 6 STATEMENT COVERS PERIOD FROM THROUGH 7 CVD 8 CCO 9 CCD 10 L-IND.											
611272692 030702 030702 2532414407 131											
12 PATIENT NAME 13 PATIENT ADDRESS											
LESTER CHRISTOPHER W P O BOX 1113 DANVILLE WV 25053											
14 BIRTHDATE 15 SEX 16 MBS 17 DATE 18 HRS 19 TYPE 20 SPG 21 D MR 22 STAT 23 MEDICAL RECORD NO.											
1971 M M 030702 09 1 7 11 01 000000261190 09											
24 OCCURRENCE DATE 25 OCCURRENCE DATE 26 OCCURRENCE DATE 27 OCCURRENCE DATE 28 OCCURRENCE SPAN 29 TYPOM											
a b c A B C											
30 CODE 31 CODE 32 CODE 33 CODE 34 CODE 35 CODE 36 CODE 37 CODE 38 CODE 39 VALUE CODES 40 VALUE CODES 41 VALUE CODES											
30 CODE 31 CODE 32 CODE 33 CODE 34 CODE 35 CODE 36 CODE 37 CODE 38 CODE 39 CODE 40 CODE 41 CODE											
30 CODE 31 CODE 32 CODE 33 CODE 34 CODE 35 CODE 36 CODE 37 CODE 38 CODE 39 CODE 40 CODE 41 CODE											
30 CODE 31 CODE 32 CODE 33 CODE 34 CODE 35 CODE 36 CODE 37 CODE 38 CODE 39 CODE 40 CODE 41 CODE											
42 REY. CO. 43 DESCRIPTION 44 HCPCS/RATES 45 SERV. DATE 46 SERV. UNITS 47 TOTAL CHARGES 48 NON-COVERED CHARGES											
1 250 PHARMACY 030702 1 2159 											
2 272 STERILE SUPPLY 030702 2 11475 											
3 301 LAB/CHEMISTRY 80053 030702 1 10300 											
4 305 LAB/HEMATOLOGY 85025 030702 1 4500 											
5 306 LAB/BACT-MICRO 87086 030702 1 6800 											
6 307 LAB/UROLOGY 81001 030702 1 3500 											
7 450 EMERG ROOM 99283 030702 1 22500 											
8 001 TOTAL CHARGES 61234 											
9 10 11 12 13 14 15 16 17 18 19 20 21 22 23											
50 PAYER 51 PROVIDER NO. 52 BILLING NO. 53 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56											
A ACORDIA/PEIA 611272692 Y Y 61234 											
57 DUE FROM PATIENT ►											
58 INSURED'S NAME 59 P.NEL 60 CENT - SSM - HC - ID NO. 61 GROUP NAME 62 INSURANCE GROUP NO											
A LESTER APRIL C 02 9969 ACORDIA/PEIA 7770											
63 TREATMENT AUTHORIZATION CODES 64 EMPLOYER NAME 65 EMPLOYER LOCATION											
A 9 BOONE COUNTY COMMISSION MADISON WV 25130											
66 PMA DIAG. CO. 67 E-CODE 68 P-N CODE 69 I-CODE 70 F-CODE 71 C-CODE 72 G-CODE 73 H-CODE 74 I-CODE 75 J-CODE 76 ADM. DIAG. CO. 77 E-CODE 78											
601.0 788.20 724.2 493.90 788.1											
79 PFC 80 PRINCIPAL PROCEDURE CODE 81 DATE 82 OTHER PROCEDURE CODE 83 DATE 84 OTHER PROCEDURE CODE 85 DATE 86 ATTENDING PHYS. ID 87											
9 OTHER PROCEDURE CODE DATE OTHER PROCEDURE CODE DATE OTHER PROCEDURE CODE DATE FO8033 DILLARD MORR b											
88 REMARKS ACORDIA/PEIA PO BOX 2451 CHARLESTON WV 25329-2451 89 OTHER PHYS. ID 90 OTHER PHYS. ID 91											
92 PROVIDER REPRESENTATIVE 93 DATE X 94											

UB92 MCFA-1450

OCR/ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THIS BILL APPLY TO THIS BILL AND ARE MADE IN PART HERB.

500688.070.0001

PATIENT NO:	2532414407	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	1	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP				
GUARANTOR NO:		PO BOX 402907	03/10/02			
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			03/07/02	03/07/02		

BILL TO:
 LESTER CHRISTOPHER W
 P O BOX 1113
 DANVILLE WV
 25053

EMERGENCY
 ADMIT THRU DISCHARGE CLAIM

FC=11

DATE OF SERVICE	BATCH REF	F DEPT	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
250-PHARMACY						
030702	08B402	0712	505312	74379601	1 KETOROLAC 60MG INJ SUBTOTAL:	21.59 21.59
272-STERILE SUPPLY						
030702	08B368	0718	900782		1 LEG BAG	51.50
030702	08B368	0718	906469		1 TRAY FOLEY 16FR BSD SUBTOTAL:	63.25 114.75
301-LAB/CHEMISTRY						
030702	07B307	0736	257416	80053	1 COMP METABOLIC PANEL SUBTOTAL:	103.00 103.00
305-LAB/HEMATOLOGY						
030702	07B307	0736	255136	85025	1 CBC PLATELET AUTO DIFF SUBTOTAL:	45.00 45.00
306-LAB/BACT-MICRO						
030702	07B307	0736	257018	87086	1 CULT COLONY COUNT UR SUBTOTAL:	68.00 68.00
307-LAB/UROLOGY						
030702	07B307	0736	255550	81001	1 UA W MICRO AUTO SUBTOTAL:	35.00 35.00
450-EMERG ROOM						
030702	07B310	0780	170015	99283	1 EMER DEPT LEVEL 3 SUBTOTAL:	225.00 225.00
TOTAL ANCILLARY CHARGES						612.34

BENEFITS ASSIGNED TO SAINT FRANCIS HOSP

500688.070.0002

PATIENT NO:	2532414407	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	3	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	03/10/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			03/07/02	03/07/02		

DEPT	DEPARTMENTAL CHARGE SUMMARY	
	DESCRIPTION	AMOUNT
0712	PHARMACY	21.59
0718	MEDICAL SERVICES	114.75
0736	LABORATORY	251.00
0780	EMERGENCY SERVICES	225.00

TOTAL CHARGES:	612.34
TOTAL PAYMENTS:	.00
TOTAL ADJUST:	.00

500688.070.0003

PATIENT NO:	2532414407	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	1	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	03/10/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			03/07/02	03/07/02		

BILL TO:
 LESTER CHRISTOPHER W
 P O BOX 1113
 DANVILLE WV
 25053

EMERGENCY
 ADMIT THRU DISCHARGE CLAIM

FC=11

DATE OF SERVICE	BATCH REF	F DEPT	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
250-PHARMACY						
030702	08B402	0712	505312	74379601	1 KETOROLAC 60MG INJ SUBTOTAL:	21.59 21.59
272-STERILE SUPPLY						
030702	08B368	0718	900782		1 LEG BAG	51.50
030702	08B368	0718	906469		1 TRAY FOLEY 16FR BSD SUBTOTAL:	63.25 114.75
301-LAB/CHEMISTRY						
030702	07B307	0736	257416	80053	1 COMP METABOLIC PANEL SUBTOTAL:	103.00 103.00
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030702	07B307	0736	255136	85025	1 CBC PLATELET AUTO DIFF SUBTOTAL:	45.00 45.00
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030702	07B307	0736	257018	87086	1 CULT COLONY COUNT UR SUBTOTAL:	68.00 68.00
307-LAB/UROLOGY						
030702	07B307	0736	255550	81001	1 UA W MICRO AUTO SUBTOTAL:	35.00 35.00
450-EMERG ROOM						
030702	07B310	0780	170015	99283	1 EMER DEPT LEVEL 3 SUBTOTAL:	225.00 225.00
TOTAL ANCILLARY CHARGES						612.34

BENEFITS ASSIGNED TO SAINT FRANCIS HOSP

500688.070.0004

ADMIT THRU DISCHARGE CLAIM 09-11-2002 PAYOR APPROVED CMBS NO. 0000-0000												02532									
CHARLESTON HOSPITAL INC DBA SAINT FRANCIS HOSP PO BOX 402907 ATLANTA, GA 30384-2907				3 PATIENT CONTROL NO 2532760280 111																	
5 FED.TAX ID# 611272692		6 STATEMENT COVERS PERIOD THRU 080102 080902		7 COVD. 8		8 E-COD.		9 C/D.		10 LND.		11									
12 PATIENT NAME LESTER CHRISTOPHER W P O BOX 1113 DANVILLE WV 25053																					
14 BIRTHDATE 1971 M M 080102		15 SEX 16 MS 17 DATE ADMISSION 18 HR 19 TYPE 20 SPAC 15 06 000000261190		21 DMR 22 STAT 23 MEDICAL RECORD NO. 02		CONDITION CODES 1 2 3 4 5 6 7 8 9 10 11															
24 OCCURRENCE DATE 04 031000		25 CCOPRENCE DATE A1 122371		26 OCCURRENCE DATE 27 OCCURRENCE DATE 28 OCCURRENCE DATE 29 OCCURRENCE DATE 30 OCCURRENCE DATE 31 OCCURRENCE DATE		32 OCCURRENCE SPAN PERIOD A B C D															
33 LESTER CHRISTOPHER W P O BOX 1113 DANVILLE WV 25053																					
34 DRG CODE 121 MED-SUR-GY/2BED		35 VALUE CODES 01 157.50		36 VALUE CODES 05 1386.00		37 VALUE CODES 45 0.00		38 VALUE CODES AMOUNT													
250 PHARMACY		39 DRG CODE 255 DRUGS INCIDENT RADIOLOGY		40 DRG CODE 259 DRGS/OTHER		41 DRG CODE 270 MED-SURG SUPPLIES		42 DRG CODE 272 STERILE SUPPLY													
301 LAB/CHEMISTRY		43 DRG CODE 305 LAB/HEMATOLOGY		44 DRG CODE 307 LAB/UROLOGY		45 DRG CODE 320 DX XRAY		46 DRG CODE 324 DX X-RAY/CHEST													
341 NUC MED/DX		47 DRG CODE 351 CT SCAN/HEAD		48 DRG CODE 402 ULTRA SOUND		49 DRG CODE 420 PHYS THERP		50 DRG CODE 424 PHYS THERP/EVAL													
450 EMERG ROOM		51 DRG CODE 480 CARDIOLOGY		52 DRG CODE 482 STRESS TEST		53 DRG CODE 611 MRI-BRAIN		54 DRG CODE 612 MRI-SPINE													
(PAGE 01 OF 02)																					
50 PAYER A WORKERS COMPENSATION		51 PROVIDER NO. 61127269200		52 DRG CODE Y Y		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 DRG = 142											
57 DUE FROM PATIENT ►																					
58 INSURED'S NAME A LESTER CHRISTOPHER W		59 P.R.E. 01		60 CERT. - SSN - HIC - ID NO. 3340		61 GROUP NAME WORKERS COMPEN		62 INSURANCE GROUP NO. 9999													
63 TREATMENT AUTHORIZATION CODES A B C		64 EMPLOYER NAME 3 UNEMPLOYED		65 EMPLOYER LOCATION																	
66 PRINCIPAL DRG CD 780.2		67 CODE 780.02		68 CODE 745.5		69 CODE 296.30		70 CODE 596.54		71 CODE 788.30		72 CODE 724.2		73 CODE 782.0		74 CODE V12.59		75 ADM. DRG. CD 780.2		77 E-CODE 142	
76 P.C. 9		77 PRINCIPAL PROCEDURE CODE 88.72		78 OTHER PROCEDURE CODE 080702		79 OTHER PROCEDURE CODE 1		80 OTHER PROCEDURE CODE 1		81 OTHER PROCEDURE CODE 1		82 OTHER PROCEDURE CODE 1		83 ATTENDING PHYS. ID WV13887		84 OTHER PHYS. ID D49415 OBENZA EBENE		85 OTHER PHYS. ID WV18125		86 OTHER PHYS. ID E88023 LEE MARCIANO	
87 REMARKS A WORKERS COMPENSATION B PO BOX 3151 C CHARLESTON WV 25332 d DRG = 142		88 OTHER PROCEDURE CODE 1		89 OTHER PROCEDURE CODE 1		90 OTHER PROCEDURE CODE 1		91 OTHER PROCEDURE CODE 1		92 OTHER PROCEDURE CODE 1		93 OTHER PROCEDURE CODE 1		94 OTHER PROCEDURE CODE 1		95 OTHER PROCEDURE CODE 1		96 OTHER PROCEDURE CODE 1		97 OTHER PROCEDURE CODE 1	
I CERTIFY THE INFORMATION ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.																					

UB-92 HCFA-1450

OCR/ORIGINAL

500688.070.0005

CHARLESTON HOSPITAL INC DBA SAINT FRANCIS HOSP PO BOX 402907 ATLANTA, GA 30384-2907												APPROVED OMB NO. 0838-0279	
												3 PATIENT CONTROL NO. 2532760280 111	
5 FED. TAX NO.				6 STATEMENT COVERS PERIOD FROM 080102 THROUGH 080902				7 CVD		8 N.C.D.			
611272692								8 C.I.D.		10 L.R.D			
13 PATIENT NAME LESTER CHRISTOPHER W P O BOX 1113 DANVILLE WV 25053													
14 BIRTHDATE		15 SEX		16 MS		17 DATE		18 ADMISSION WEEK 18 TYPE 18 SRC		19 DMR			
1971 M		M		080102		18 2 7		15 06 000000261190		02			
20 OCCURRENCE CODE		21 OCCURRENCE DATE		22 OCCURRENCE CODE		23 OCCURRENCE DATE		24 OCCURRENCE CODE		25 OCCURRENCE DATE			
a 04 031000		A1 122371											
26 VALUE CODES AMOUNT													
a 01		15750		b 05		138600		c 45		d 000			
27 VALUE CODES AMOUNT													
a A3		1817273											
28 REV. CO.		29 DESCRIPTION		30 HCPCS/RATES		31 SERV. DATE		32 SERV. UNITS		33 TOTAL CHARGES			
1 636		DRUGS REQUIR DETL CODING						11		53624			
2 730		EKG/ECG						6		90000			
3 732		TELEMETRY						3		46980			
4 740		EEG						1		30000			
5 921		PERIPHERAL VASCULAR LAB						2		93100			
6 985		PRO FEE/EKG						6		12000			
7 001		TOTAL CHARGES								1817273			
(PAGE 02 OF 02)													
50 PAYER		51 PROVIDER NO.		52 PAYER NO.		53 PRIOR PAYMENTS		54 EST. AMOUNT DUE		55 DRG = 142			
A WORKERS COMPENSATION		61127269200		Y Y				1817273					
57 DUE FROM PATIENT ►													
58 INSURED'S NAME		59 EMP. REL. 60 CERT. - SSN - INC. - ID NO.		61 GROUP NAME		62 INSURANCE GROUP NO.							
A LESTER CHRISTOPHER W		01 3340		WORKERS COMPEN		9999							
63 TREATMENT AUTHORIZATION CODES		64 EMPLOYER NAME		65 EMPLOYER LOCATION									
A		3 UNEMPLOYED											
66 PRINCIPAL PROC. CO.		67 E-CODE		68 OTHER PROCD. CO.		69 E-CODE		70 ADM. ONG. CO.		71 E-CODE			
780.2		780.02		745.5		296.30		596.54		788.30		724.2	
782.0		V12.59		780.2								142	
72 P.C. 73 PRINCIPAL PROCEDURE CODE		74 OTHER PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 OTHER PROCEDURE CODE		77 OTHER PROCEDURE CODE		78 OTHER PROCEDURE CODE		79 OTHER PROCEDURE CODE	
9 88.72		080702						13					
73 OTHER PROCEDURE CODE		74 OTHER PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 OTHER PROCEDURE CODE		77 OTHER PROCEDURE CODE		78 OTHER PROCEDURE CODE		79 OTHER PROCEDURE CODE	
84 REMARKS WORKERS COMPENSATION PO BOX 3151 CHARLESTON WV 25332 DRG = 142													
85 PROVIDER REPRESENTATIVE X													
86 DATE													
COPYRIGHT THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.													

UB-92 HCFA-1450

OCR/ORIGINAL

500688.070.0000

PATIENT NO:	2532760280	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	1	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP				
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			08/01/02	08/09/02		

BILL TO:

LESTER CHRISTOPHER W
 P O BOX 1113
 DANVILLE WV
 25053

INPATIENT
 ADMIT THRU DISCHARGE CLAIM

FC=04

DATE OF SERVICE	ATT PHYS	FC	ROOM	AC	SERV CODE	REV CODE	DEPT	ROOM AND CARE	CHARGES	
08/01/02	5010	04	4461	SP	TELE	121	0605	8 DAYS AT 157.50	1,260.00	
									TOTAL ROOM AND CARE	1,260.00
DATE OF SERVICE	BATCH REF	DEPT	F S	PROC	NDC/CPT-4/ HCPCS		QTY SERVICE DESCRIPTION		CHARGES	
250-PHARMACY										
080302	03B148	0712		501311	517560125		1	HYDROXYZINE 50MG/1ML I	16.14	
080302	03B148	0712		502154	8060202		1	MEPERIDINE 50MG SYRING	16.58	
080802	08B545	0712		505261	4197401		1	MIDAZOLAM 5MG/1ML 1ML	40.07	
080902	09B680	0712		504481	338004931		1	NS 0.9% 50ML BAG	24.09	
									SUBTOTAL:	96.88
255-DRUGS INCIDENT RADIOLOGY										
080302	03B121	0734		440290	A4647		1	PARAMAGNETIC CM	220.00	
									SUBTOTAL:	220.00
259-DRGS/OTHER										
080102	01B983	0712		504039	51079042720		1	TRAZODONE 50MG	1.61	
080102	01B983	0712		506056	8078102		4	VENLAFAXINE 37.5MG	14.62	
080102	01B983	0712		507222	59011010325		2	OXYCODONE 20MG	12.86	
080202	02B043	0712		500921	51079064420		2	CYCLOBENZAPRINE 10MG	3.22	
080202	02B011	0712		502309	182044810		1	ASPIRIN 325MG TAB	1.61	
080202	02B013	0712		502309	182044810		1	ASPIRIN 325MG TAB	1.61	
080202	02B013	0712		504039	51079042720		1	TRAZODONE 50MG	1.61	
080202	02B013	0712		507222	59011010325		2	OXYCODONE 20MG	12.86	
080202	02B042	0712		507222	59011010325		1	OXYCODONE 20MG	6.43	
080202	02B065	0712		507222	59011010325		2	OXYCODONE 20MG	12.86	
080202	02B011	0712		507592	8083603		1	VENLAFAXINE XR 150MG	8.40	
080202	02B013	0712		507592	8083603		2	VENLAFAXINE XR 150MG	16.80	
080302	03B105	0712		500921	51079064420		2	CYCLOBENZAPRINE 10MG	3.22	

BENEFITS ASSIGNED TO SAINT FRANCIS HOSP

500688.070.0007

PATIENT NO:	2532760280	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	2	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	09/11/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			08/01/02	08/09/02		

DATE OF SERVICE	BATCH REF	BATCH DEPT	F S PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
080302	03B105	0712	502309	182044810	1	ASPIRIN 325MG TAB	1.61
080302	03B105	0712	504039	51079042720	1	TRAZODONE 50MG	1.61
080302	03B095	0712	507222	59011010325	2	OXYCODONE 20MG	12.86
080302	03B119	0712	507222	59011010325	1	OXYCODONE 20MG	6.43
080302	03B119	0712	507222	59011010325	1	OXYCODONE 20MG	6.43
080302	03B133	0712	507222	59011010325	2	OXYCODONE 20MG	12.86
080302	03B105	0712	507592	8083603	2	VENLAFAKINE XR 150MG	16.80
080402	04B168	0712	500921	51079064420	2	CYCLOBENZAPRINE 10MG	3.22
080402	04B168	0712	502309	182044810	1	ASPIRIN 325MG TAB	1.61
080402	04B168	0712	504039	51079042720	1	TRAZODONE 50MG	1.61
080402	04B158	0712	507222	59011010325	2	OXYCODONE 20MG	12.86
080402	04B169	0712	507222	59011010325	2	OXYCODONE 20MG	12.86
080402	04B191	0712	507222	59011010325	2	OXYCODONE 20MG	12.86
080402	04B168	0712	507592	8083603	2	VENLAFAKINE XR 150MG	16.80
080502	05B268	0712	500921	51079064420	2	CYCLOBENZAPRINE 10MG	3.22-
080502	05B231	0712	500921	51079064420	2	CYCLOBENZAPRINE 10MG	3.22
080502	05B231	0712	502309	182044810	1	ASPIRIN 325MG TAB	1.61
080502	05B231	0712	504039	51079042720	1	TRAZODONE 50MG	1.61
080502	05B220	0712	507222	59011010325	2	OXYCODONE 20MG	12.86
080502	05B261	0712	507222	59011010325	2	OXYCODONE 20MG	12.86
080502	05B285	0712	507222	59011010325	2	OXYCODONE 20MG	12.86
080502	05B231	0712	507592	8083603	2	VENLAFAKINE XR 150MG	16.80
080602	06B370	0712	500921	51079064420	2	CYCLOBENZAPRINE 10MG	3.22-
080602	06B332	0712	500921	51079064420	2	CYCLOBENZAPRINE 10MG	3.22
080602	06B332	0712	502309	182044810	1	ASPIRIN 325MG TAB	1.61
080602	06B332	0712	504039	51079042720	1	TRAZODONE 50MG	1.61
080602	06B322	0712	507222	59011010325	2	OXYCODONE 20MG	12.86
080602	06B365	0712	507222	59011010325	2	OXYCODONE 20MG	12.86
080602	06B366	0712	507222	59011010325	2	OXYCODONE 20MG	12.86
080602	06B405	0712	507222	59011010325	1	OXYCODONE 20MG	6.43
080602	06B405	0712	507222	59011010325	1	OXYCODONE 20MG	6.43
080602	06B332	0712	507592	8083603	2	VENLAFAKINE XR 150MG	16.80
080602	06B366	0712	507607	45063965	2	TOPIRAMATE 25MG TAB	8.65
080702	07B487	0712	500921	51079064420	2	CYCLOBENZAPRINE 10MG	3.22-
080702	07B437	0712	500921	51079064420	2	CYCLOBENZAPRINE 10MG	3.22
080702	07B437	0712	502309	182044810	1	ASPIRIN 325MG TAB	1.61
080702	07B437	0712	504039	51079042720	1	TRAZODONE 50MG	1.61
080702	07B436	0712	507222	59011010325	2	OXYCODONE 20MG	12.86
080702	07B519	0712	507222	59011010325	2	OXYCODONE 20MG	12.86

BENEFITS ASSIGNED TO SAINT FRANCIS HOSP

500688.070.0008

PATIENT NO:	2532760280	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	3	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	09/11/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			08/01/02	08/09/02		

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
080702	07B437	0712	507592	8083603	2	VENLAFAXINE XR 150MG	16.80
080702	07B437	0712	507607	45063965	2	TOPIRAMATE 25MG TAB	8.65
080802	08B544	0712	500921	51079064420	2	CYCLOBENZAPRINE 10MG	3.22
080802	08B544	0712	502309	182044810	1	ASPIRIN 325MG TAB	1.61
080802	08B544	0712	504039	51079042720	1	TRAZODONE 50MG	1.61
080802	08B539	0712	507222	59011010325	2	OXYCODONE 20MG	12.86
080802	08B600	0712	507222	59011010325	2	OXYCODONE 20MG	12.86
080802	08B617	0712	507222	59011010325	2	OXYCODONE 20MG	12.86
080802	08B620	0712	507222	59011010325	2	OXYCODONE 20MG	12.86-
080802	08B617	0712	507222	59011010325	2	OXYCODONE 20MG	12.86
080802	08B544	0712	507592	8083603	2	VENLAFAXINE XR 150MG	16.80
080802	08B544	0712	507607	45063965	2	TOPIRAMATE 25MG TAB	8.65
080902	09B705	0712	500921	51079064420	2	CYCLOBENZAPRINE 10MG	3.22-
080902	09B643	0712	500921	51079064420	2	CYCLOBENZAPRINE 10MG	3.22
080902	09B705	0712	502309	182044810	1	ASPIRIN 325MG TAB	1.61-
080902	09B643	0712	502309	182044810	1	ASPIRIN 325MG TAB	1.61
080902	09B705	0712	504039	51079042720	1	TRAZODONE 50MG	1.61-
080902	09B643	0712	504039	51079042720	1	TRAZODONE 50MG	1.61
080902	09B701	0712	507222	59011010325	2	OXYCODONE 20MG	12.86
080902	09B705	0712	507592	8083603	2	VENLAFAXINE XR 150MG	16.80-
080902	09B643	0712	507592	8083603	2	VENLAFAXINE XR 150MG	16.80
080902	09B705	0712	507607	45063965	2	TOPIRAMATE 25MG TAB	8.65-
080902	09B643	0712	507607	45063965	2	TOPIRAMATE 25MG TAB	8.65
SUBTOTAL:							494.56
270-MED-SURG SUPPLIES							
080102	01B974	0780	170003	1	TRANSPORT 02	8.00	
080102	01B982	0754	604026	3	NASAL 02	24.00	
080102	02B010	0718	904346	1	BANDAGE ACE 3"	11.50	
080102	02B010	0718	904346	1	BANDAGE ACE 3"	11.50	
080202	02B081	0754	604026	24	NASAL 02	192.00	
080302	03B143	0754	604026	24	NASAL 02	192.00	
080402	05B219	0754	604026	24	NASAL 02	192.00	
080502	05B295	0754	604026	24	NASAL 02	192.00	
080602	07B426	0754	604026	24	NASAL 02	192.00	
080902	09B700	0754	604026	14	NASAL 02	112.00	
SUBTOTAL:							1127.00
272-STERILE SUPPLY							
080102	02B010	0718	907358	1	SOL 0.9 NS 1000 2B1234	10.00	
080102	02B010	0718	907404	1	SET IV FLOW MASTER	7.25	

BENEFITS ASSIGNED TO SAINT FRANCIS HOSP

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500688.070.0009

PATIENT NO:	2532760280	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	4	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	09/11/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			08/01/02	08/09/02		

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
080102	02B010	0718	907406		1	SET SOLUTION 2C6537	55.50
080202	03B098	0718	907352		1	SOL NS.45 1000 2B1314	11.50
080202	02B039	0718	907368		1	SOL ST H2O 1000PB 2F71	27.25
080302	03B117	0718	904145		1	CATH JELCO 20GA 4077	20.00
080302	03B117	0718	907352		1	SOL NS.45 1000 2B1314	11.50
080302	03B117	0718	907413		1	IV LOOP CONNECTOR	4.25
080402	04B165	0718	907352		1	SOL NS.45 1000 2B1314	11.50
080402	05B227	0718	907352		1	SOL NS.45 1000 2B1314	11.50
080502	06B325	0718	907352		1	SOL NS.45 1000 2B1314	11.50
080702	07B479	0718	903845		2	CATH MALE TEXAS	60.50
080702	08B537	0718	903845		1	CATH MALE TEXAS	30.25
080702	08B537	0718	906435		1	BAG BEDSIDE DRAINAGE	27.25
080702	07B516	0718	906633		1	TUBING CONDUCTIVE 10'	8.75
080702	07B516	0718	906645		1	TUBE YANKAUER REG	11.50
080702	07B516	0718	907348		1	SOL LR 500 2B2323Q	11.50
080702	07B516	0718	907406		1	SET SOLUTION 2C6537	55.50
080902	09B678	0718	904145		2	CATH JELCO 20GA 4077	40.00
080902	09B678	0718	907413		1	IV LOOP CONNECTOR	4.25
						SUBTOTAL:	431.25
301-LAB/CHEMISTRY							
080102	01B961	0736	255318	83735	1	MAGNESIUM BLD	49.00
080102	01B961	0736	255990	80100	1	DRUG SCR DRUGS OF ABUS	60.00
080102	01B961	0736	255994	82803	1	BLOOD GAS OTHER	107.00
080102	01B961	0736	256151	82553	1	CK MB	67.00
080102	01B981	0736	256151	82553	1	CK MB	67.00
080102	01B961	0736	257062	84484	1	TROPONIN QUANT	81.00
080102	01B961	0736	257063	83874	1	MYOGLOBIN BLD	81.00
080102	01B961	0736	257407	82375	1	CARBON MONOXIDE QN	37.00
080102	01B961	0736	257416	80053	1	COMP METABOLIC PANEL	103.00
080202	02B004	0736	255318	83735	1	MAGNESIUM BLD	49.00
080202	02B004	0736	255802	80061	1	LIPID PANEL	112.00
080202	02B004	0736	256151	82553	1	CK MB	67.00
080202	02B038	0736	256151	82553	1	CK MB	67.00
080202	02B004	0736	257045	84443	1	TSH	78.00
080202	02B004	0736	257046	84480	1	T3 TOTAL	65.00
080202	02B004	0736	257047	82607	1	VITAMIN B12	72.00
080202	02B004	0736	257048	82746	1	FOLATE (FOLIC ACID)	68.00
080202	02B004	0736	257062	84484	1	TROPONIN QUANT	81.00
080202	02B004	0736	257416	80053	1	COMP METABOLIC PANEL	103.00

BENEFITS ASSIGNED TO SAINT FRANCIS HOSP

500688.070.0010

PATIENT NO: 2532760280 CHARLESTON HOSPITAL INC BILLING DATE PAGE 5 02532
 MED REC NO: 261190 DBA SAINT FRANCIS HOSP 09/11/02
 GUARANTOR NO:
 PO BOX 402907
 PATIENT: ATLANTA, GA 30384-2907 ADMITTED DISCHARGED
 LESTER CHRISTOPHER W 08/01/02 08/09/02

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/HCPCS	QTY SERVICE DESCRIPTION	CHARGES
080602	06B329	0736	255318	83735	1 MAGNESIUM BLD	49.00
080602	06B329	0736	255802	80061	1 LIPID PANEL	112.00
080602	06B329	0736	257416	80053	1 COMP METABOLIC PANEL	103.00
080802	08B570	0736	256151	82553	1 CK MB	67.00
080802	08B597	0736	257416	80053	1 COMP METABOLIC PANEL	103.00
					SUBTOTAL:	1848.00
305-LAB/HEMATOLOGY						
080102	01B961	0736	255136	85025	1 CBC PLATELET AUTO DIFF	45.00
080202	02B004	0736	255136	85025	1 CBC PLATELET AUTO DIFF	45.00
080202	02B004	0736	255430	85652	1 SED RATE AUTO	36.00
080602	06B329	0736	255136	85025	1 CBC PLATELET AUTO DIFF	45.00
080602	06B329	0736	255430	85652	1 SED RATE AUTO	36.00
					SUBTOTAL:	207.00
307-LAB/UROLOGY						
080102	01B961	0736	255550	81001	1 UA W MICRO AUTO	35.00
					SUBTOTAL:	35.00
320-DX XRAY						
080202	02B066	0728	407217	72100	1 XR L-SPINE 2/3 VIEWS	153.00
					SUBTOTAL:	153.00
324-DX X-RAY/CHEST						
080102	01B965	0728	407102	71020	1 XR CHEST 2 V	186.00
					SUBTOTAL:	186.00
341-NUC MED/DX						
080902	09B682	0763	457978	78480	1 NM EJECT FRACTION	278.00
080902	09B682	0763	457985	78465	1 NM MYOCARD MULT R/S	1096.00
					SUBTOTAL:	1374.00
351-CT SCAN/HEAD						
080102	01B965	0726	421012	70450	1 CT HEAD/BRAIN W/O CONT	888.00
					SUBTOTAL:	888.00
402-ULTRA SOUND						
080702	07B513	0729	410014	76770	1 US RETRPERITIONEAL COM	303.00
					SUBTOTAL:	303.00
420-PHYSICAL THERP						
080502	05B283	0762	708416	97116GP	1 GAIT TRAINING 15 MIN	37.00
080602	06B385	0762	708416	97116GP	1 GAIT TRAINING 15 MIN	37.00
080702	07B499	0762	708416	97116GP	1 GAIT TRAINING 15 MIN	37.00
080802	08B598	0762	708416	97116GP	1 GAIT TRAINING 15 MIN	37.00
					SUBTOTAL:	148.00

BENEFITS ASSIGNED TO SAINT FRANCIS HOSP

500688.070.0011

PATIENT NO: 2532760280 CHARLESTON HOSPITAL INC BILLING DATE PAGE 6 02532
 MED REC NO: 261190 DBA SAINT FRANCIS HOSP 09/11/02
 GUARANTOR NO: PO BOX 402907
 PATIENT: ATLANTA, GA 30384-2907 ADMITTED DISCHARGED
 LESTER CHRISTOPHER W 08/01/02 08/09/02

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4 / HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
424-PHYS THERP/EVAL							
080502	05B283	0762	708662	97001GP	1	PT EVALUATION	68.00
						SUBTOTAL:	68.00
450-EMERG ROOM							
080102	01B974	0780	170020	99284	1	EMER DEPT LEVEL 4	250.00
						SUBTOTAL:	250.00
480-CARDIOLOGY							
080502	05B260	0740	655250	93325	1	ECHO COLOR FLOW MAPPIN	256.00
080502	05B260	0740	655300	93307	1	ECHO 2D W/WOM MODE COM	424.00
080502	05B260	0740	655310	93320	1	ECHO DOPPLER COMP	343.00
080702	07B516	0733	206115	93318	1	ECHOCARDIOGRAPHY TEE	1022.00
						SUBTOTAL:	2045.00
482-STRESS TEST							
080902	09B679	0740	654142	93017	1	STRESS TEST	670.00
						SUBTOTAL:	670.00
611-MRI-BRAIN							
080302	03B121	0734	440030	70553	1	MRI BRAIN W/O CONT	1725.00
						SUBTOTAL:	1725.00
612-MRI-SPINE							
080302	03B121	0734	440130	72148	1	MRI L-SPINE W/O CONT	1386.00
						SUBTOTAL:	1386.00
636-DRUGS REQUIR DETL. CODING							
080902	09B682	0763	457606	A9505	4	CHLORIDE	136.00
080902	09B682	0763	457626	A9500	1	SESTAMIBI	244.00
080902	09B680	0712	505468	J1245	6	DIPYRIDAMOLE 10MG/2ML	156.24
						SUBTOTAL:	536.24
730-EKG/ECG							
080102	01B962	0740	655000	93005	1	EKG TRACING ONLY	150.00
080202	02B001	0740	655000	93005	1	EKG TRACING ONLY	150.00
080202	02B001	0740	655000	93005	1	EKG TRACING ONLY	150.00
080302	03B094	0740	655000	93005	1	EKG TRACING ONLY	150.00
080402	04B157	0740	655000	93005	1	EKG TRACING ONLY	150.00
080802	08B574	0740	655000	93005	1	EKG TRACING ONLY	150.00
						SUBTOTAL:	900.00
732-TELEMETRY							
080202	02B010	0605	040000	93012	1	TELEMETRY - 4W	156.60
080402	04B166	0605	040000	93012	1	TELEMETRY - 4W	156.60
080902	09B679	0605	040000	93012	1	TELEMETRY - 4W	156.60
						SUBTOTAL:	469.80

BENEFITS ASSIGNED TO SAINT FRANCIS HOSP

500688.070.0012

PATIENT NO:	2532760280	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	7	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP				
GUARANTOR NO:		PO BOX 402907	09/11/02			
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			08/01/02	08/09/02		

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
740-EEG							
080502	05B260	0748	356132	95816	1	EEG REC AW _ASLEEP	300.00
SUBTOTAL: 300.00							
921-PERIPHERAL VASCULAR LAB							
080202	02B066	0731	390006	93880	1	DUP EXTRACRANIAL BIL	513.00
080202	02B083	0731	390015	93970	1	DUP VEIN BIL	418.00
SUBTOTAL: 931.00							
985-PRO FEE/EKG							
080102	01B962	0740	655001 *	93010	1	EKG INTERP _REPORT	20.00
080202	02B001	0740	655001 *	93010	1	EKG INTERP _REPORT	20.00
080202	02B001	0740	655001 *	93010	1	EKG INTERP _REPORT	20.00
080302	03B094	0740	655001 *	93010	1	EKG INTERP _REPORT	20.00
080402	04B157	0740	655001 *	93010	1	EKG INTERP _REPORT	20.00
080802	08B574	0740	655001 *	93010	1	EKG INTERP _REPORT	20.00
SUBTOTAL: 120.00							
TOTAL ANCILLARY CHARGES							16912.73
TOTAL CHARGES							18172.73
PAYMENTS .00							.00
ADJUSTMENTS .00							.00
BALANCE							18172.73

BENEFITS ASSIGNED TO SAINT FRANCIS HOSP

500688.070.0013

PATIENT NO:	2532760280	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	8	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP				
GUARANTOR NO:		PO BOX 402907	09/11/02			
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			08/01/02	08/09/02		

DEPT	DEPARTMENTAL CHARGE SUMMARY DESCRIPTION	AMOUNT
0605	NURSING UNT-TELEMETRY	1,729.80
0712	PHARMACY	747.68
0718	MEDICAL SERVICES	454.25
0726	CAT SCAN UNIT	888.00
0728	RADIOLOGY - DIAGNOSTIC	339.00
0729	ULTRASONIC UNIT	303.00
0731	ANCILLARY -HOSP DEFINED	931.00
0733	ENDOSCOPY LABORATORY	1,022.00
0734	MRI UNIT	3,331.00
0736	LABORATORY	2,090.00
0740	CARDIOPULMONARY UNIT	2,713.00
0748	ELECTROENCEPHALOGRAPHY	300.00
0754	RESPIRATORY THERAPY UNIT	1,096.00
0762	PHYSICAL THERAPY	216.00
0763	NUCLEAR MEDICINE	1,754.00
0780	EMERGENCY SERVICES	258.00

TOTAL CHARGES:	18,172.73
TOTAL PAYMENTS:	.00
TOTAL ADJUST:	.00□

ADMIT THRU DISCHARGE CLAIM 08-17-2002 PAYOR APPROVED CMS NO. 0508-001												82532	
CHARLESTON HOSPITAL INC DBA SAINT FRANCIS HOSP PO BOX 402907 ATLANTA, GA 30384-2907				2				1 PATIENT CONTROL NO 2532773401 131					
5 FED TAX ID 6 STATEMENT COVERS PERIOD FROM 081502 THROUGH 081502				7 COVD 8 NC'D. 9 C'D. 10 LND. 11									
611272692													
12 PATIENT NAME LESTER CHRISTOPHER W P O BOX 1113 ADDRESS DANVILLE WV 25053													
14 BIRTHDATE 15 SEX 16 MS		17 DATE OF BIRTH 18 MRG 19 TYPE 20 REG		21 DMR 22 STAT 23 MEDICAL RECORD NO		24		25		26		27	
1971 M M 081502		19 3 1 19 01 000000261190		09									
28 OCCURRENCE DATE 29 OCCURRENCE DATE		30 OCCURRENCE DATE 31 OCCURRENCE DATE		32 OCCURRENCE DATE 33 OCCURRENCE DATE		34 OCCURRENCE SPAN		35		36		37	
11 081502								A		B		C	
38 LESTER CHRISTOPHER W P O BOX 1113 ADDRESS DANVILLE WV 25053													
39 CODE		40 VALUE CODES		41 CODE		42 VALUE CODES		43 CODE		44 VALUE CODES		45 CODE	
a A3		188600											
b													
c													
d													
46 REV. CD.		47 DESCRIPTION		48 HOPCS / RATES		49 SERV. DATE		50 SERV. UNITS		51 TOTAL CHARGES		52 NON-COVERED CHARGES	
1 740		EEG		95810		081502		1		188600			
2 001		TOTAL CHARGES								188600			
3													
4													
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22													
23													
50 PAYOR ACORDIA/PEIA				51 PROVIDER NO. 611272692				52 PAYD. Y Y		53 PRIOR PAYMENTS		55 EST. AMOUNT DUE 188600	
56													
57 DUE FROM PATIENT ►													
58 INSPIED'S NAME LESTER APRIL C				59 S/F REQ. 02				60 CERT - ESH - HC - ID NO. 99969		61 GROUP NAME ACORDIA/PEIA		62 INSURANCE GROUP NO 7770	
63 TREATMENT AUTHORIZATION CODES				64 IS EMPLOYER NAME				65 EMPLOYER LOCATION					
66 9 BOONE COUNTY COMMISSION								MADISON WV 25130					
67 ADM. DIAG. CD 780.57		68 E-CODE		69 W-CODE		70 C-CODE		71 Z-CODE		72 X-CODE		73	
74 P.R.C. 9		75 PRINCIPAL PROCEDURE CODE		76 OTHER PROCEDURE CODE		77 OTHER PROCEDURE CODE		78 OTHER PROCEDURE CODE		79 ATTENDING PHYS. ID WV18695		80	
OTHER PROCEDURE CODE		CODE		CODE		CODE		CODE		J53470 REAHL HARRY		b	
CODE		CODE		CODE		CODE		CODE		81 OTHER PHYS. ID		a	
82 IN REMARKS ACORDIA/PEIA PO BOX 2451 CHARLESTON WV 25329-2451												83 OTHER PHYS. ID	
84 PROVIDER/REPRESENTATIVE X												85 DATE	

UB92 HCFA-1450

OCR/ORIGINAL

I CERTIFY THE INFORMATION ON THIS BILL APPLIES TO THIS BILL AND ARE MADE A PART HEREOF.

500688.070.0015

PATIENT NO:	2532773401	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	1	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	08/17/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			08/15/02	08/15/02		

BILL TO:
 LESTER CHRISTOPHER W
 P O BOX 1113
 DANVILLE WV
 25053

OUTPATIENT
 ADMIT THRU DISCHARGE CLAIM

FC-11

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
740-EEG 081502	16B247	0771	641000	95810	1	POLYSOMNOGRAPHY >4 PAR	1886.00
						SUBTOTAL:	1886.00
						TOTAL ANCILLARY CHARGES	1886.00
						TOTAL CHARGES	1886.00
						PAYMENTS	.00
						ADJUSTMENTS	.00
						BALANCE	1886.00

BENEFITS ASSIGNED TO SAINT FRANCIS HOSP
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500688.070.0016

PATIENT NO:	2532773401	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	2	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	08/17/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			08/15/02	08/15/02		

DEPT	DEPARTMENTAL CHARGE SUMMARY	AMOUNT
	DESCRIPTION	
0771	LABORATORY - OUTPATIENT	1,886.00

TOTAL CHARGES:	1,886.00
TOTAL PAYMENTS:	.00
TOTAL ADJUST:	.00

500688.070.0017

REPLACEMENT OF PRIOR CLAIM 11-21-2002 PAYORS APPROVED OMB NO. 0938-02532																												
CHARLESTON HOSPITAL INC DBA SAINT FRANCIS HOSP PO BOX 402907 ATLANTA, GA 30384-2907											PATIENT CONTROL NO. 2532912637 137																	
5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM 10/05/02 THROUGH 10/05/02		7 COVD.		8 NCD.		9 C.D.		10 LAD.																		
611272692		100502		100502																								
12 PATIENT NAME: LESTER CHRISTOPHER W 13 PATIENT ADDRESS: P O BOX 1113 DANVILLE WV 25053																												
14 BIRTHDATE	15 SEX	16 MSIS	17 DATE OF BIRTH	18 TIME	19 DRG.	20 IHR	22 STAT	23 MEDICAL RECORD NO.	24	25	26																	
1971	M	M	100502	19	3	1	19 01	000000261190	09																			
30 OCCURRENCE DATE		31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE SPAN		35																		
11 100502		18 090102		B1 122371						A B C																		
36 VALUE CODES AMOUNT a A3 184149 B3 16951 b c d																												
42 REV. CD. 43 DESCRIPTION 44 HCPCS / RATES 45 SERV. DATE 46 SERV. UNITS 47 TOTAL CHARGES 48 NON-COVERED CHARGES																												
1 740 EEG	95811		100502	1	201100																							
2 001 TOTAL CHARGES					201100																							
3	4	5	6	7	8	9	10	11	12	13	14																	
15	16	17	18	19	20	21	22	23	24	25	26																	
50 PAYER			51 PROVIDER NO.		52		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56																	
A ACORDIA/PEIA	611272692		Y Y		184149																							
B MEDICARE SECONDARY PAYOR	510031		Y Y						16951																			
C																												
57 DUE FROM PATIENT ►																												
58 INSURED'S NAME			59 BIRTH. ID CERT. - SSN - NDC - ID NO.		60 GROUP NAME		62 INSURANCE GROUP NO.																					
A LESTER APRIL C	02		9969-		ACORDIA/PEIA		7770		A																			
B LESTER CHRISTOPHER W	01		3340A		UNITED GOVERNMENT		9999		B																			
C																												
63 TREATMENT AUTHORIZATION CODES		64 EMPLOYER NAME		65 EMPLOYER LOCATION																								
A	9	BOONE COUNTY COMMISSION		MADISON WV 25130								A																
B	3	DISABLED										B																
C												C																
66 PRI. DIAG. CD.		67 E-CODE		68 OCN		69 DRG.		70 OTHER DRG. CODE		71 DRG.		72 DRG.		73 DRG.		74 DRG.		75 DRG.		76 ADM. DRG. CD.		77 E-CODE		78				
478.29 780.57																												
79 P.C.		80 PRINCIPAL PROCEDURE CODE		81 OTHER PROCEDURE CODE		82 OTHER PROCEDURE CODE		83 OTHER PROCEDURE CODE		84 OTHER PROCEDURE CODE		85 OTHER PROCEDURE CODE		86 OTHER PROCEDURE CODE		87 OTHER PROCEDURE CODE		88 OTHER PROCEDURE CODE		89 OTHER PROCEDURE CODE		90 OTHER PROCEDURE CODE		91 ATTENDING PHYS. ID		WV18695		
9																										J53470 REAHL HARRY		
84 REMARKS																										92 OTHER PHYS. ID		
a	b	c	d																							OTHER PHYS. ID		
a	b	c	d																							93 OTHER PROVIDER REPRESENTATIVE		
a	b	c	d																							X		
I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.																												

UB92 HCFA-1450

OCR/ORIGINAL

500688.070.0018

PATIENT NO:	2532912637	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	1	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	11/21/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			10/05/02	10/05/02		

BILL TO:
 LESTER CHRISTOPHER W
 P O BOX 1113
 DANVILLE WV
 25053

OUTPATIENT
 REPLACEMENT OF PRIOR CLAIM

FC=11

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
740-EEG							
100502	06B706	0771	641070	95811	1	POLY >4 PAR W/CPAP OR SUBTOTAL:	2011.00 2011.00
TOTAL ANCILLARY CHARGES 2011.00							
DATE OF PAYMENT	BATCH REFER	PAY TYPE	PROC	INS PLAN	BILL THRU DT	DESCRIPTION / COMMENT	AMOUNT
11/11/02	11M203	1	011249	099-03	10/05/02	PEIA 102502 JKL	678.03
11/11/02	11M222	5	012786	099-03	10/05/02	ACCORDIA.PEIA OP TOTAL PAYMENTS	1,163.46 1,841.49
TOTAL CHARGES 2011.00							
PAYMENTS 678.03							
ADJUSTMENTS 1163.46							
BALANCE 169.51							

BENEFITS ASSIGNED TO SAINT FRANCIS HOSP

500688.070.0019

PATIENT NO:	2532912637	CHARLESTON HOSPITAL INC	BILLING DATE	PAGE	2	02532
MED REC NO:	261190	DBA SAINT FRANCIS HOSP	11/21/02			
GUARANTOR NO:		PO BOX 402907				
PATIENT:		ATLANTA, GA 30384-2907	ADMITTED	DISCHARGED		
LESTER CHRISTOPHER W			10/05/02	10/05/02		

DEPT	DEPARTMENTAL CHARGE SUMMARY	AMOUNT
	DESCRIPTION	
0771	LABORATORY - OUTPATIENT	2,011.00

TOTAL CHARGES:	2,011.00
TOTAL PAYMENTS:	678.03
TOTAL ADJUST:	1,163.46

500688.070.0020



STYLE OF CASE: Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Christopher Wayne Lester

FROM: Kelly Medical Corporation
1 Pavilion Drive
Daniels, WV 25832
(304) 763-4253

DELIVER TO: Mr. Phillip J. Smith
VORYS, SATTER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
221 East Fourth Street
Cincinnati, OH 45202

USA-2003-0008677

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500688126-0019
THROUGH 500688126-0020.

THE MARKER-HOFF GROUP, INC

13105 NORTHWEST FREEWAY SUITE 300 HOUSTON TEXAS 77040 (T) 713 460 9070 (F) 713 460 6519 800 264 9070

WWW.MARKER-HOFF.COM

Case No. C-1-01-428

Michael W. Harris

: Southern District Court

vs.

: County of Hamilton

Purdue Pharma L.P., et al

: State of Ohio

Records pertaining to: **Christopher Lester**

Custodian of Records For: **Kelly Medical Corporation**

I have conducted a thorough search of our files for the requested records, including but not limited to: patient intake forms and health questionnaires, and/or consent forms, and/or physical examination records, and/or x-rays, and/or pathology slides and/or blocks, and/or all nurses' notes and physicians' notes, and/or treatment records and reports, and/or prescription records, and third-party consultation records, and/or records of treatment at hospitals and other health care providers, and/or test results from outside laboratories, and/or itemized billing records, and/or insurance claims forms, and/or personnel records and/or payroll records, and/or academic records, and/or correspondence.

I certify that nothing has been removed from the original file before releasing copies of these records or the originals. The records I am releasing are the original records or exact duplicates of the original records and include each and every record contained in the file on the above-named individual.

Penny Wright
AFFIANT
Beth A. Deakins
WITNESS

DATE

8/21/03

LESTER, CHRISTOPHER W
ATTY/DR
MR# H000261190 DOB 07/15
ACCT# H02532414407 AGE 30 SEX M



500688-126-0019

500688-126.0020